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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission: 29

| Application Number   | 09/739,143          |
|----------------------|---------------------|
| Filing Date          | December 18, 2000   |
| First Named Inventor | Koichi HATA, et al. |
| Art Unit             | 2178                |
| Examiner Name        | Gregory J. Vaughn   |
| Attorney Docket No.  | MAT-8070US          |

| ENCLOSURES (Check all that apply)   |   |             |  |  |
|---|---|-------------|--|--|
| Fee Transmittal Form Fee Attached   | ☐ Drawing(s) ☐ Licensing-related Papers                         | ] [         | After Allowance Communication to TC  |  |
| Amendment/Reply After Final Affidavits/Declaration(s)   | Petition  Petition to Convert to a Provisional Application      | $\boxtimes$ | Appeal Communication to Board of Appeals and Interferences  Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |  |
| Extension of Time Request   | Power of Attorney, Revocation, Change of Correspondence Address |             | Proprietary Information  |  |
| Express Abandonment Request  Information Disclosure Statement   | Terminal Disclaimer   | $\boxtimes$ | Status Letter  Other Enclosure(s) (please identify below): PTO-2038;   |  |
| Certified Copy of Priority Document(s)  | Request for Refund  CD, Number of CD(s)  Landscape Table on CD  |             | Return Receipt Postcard  |  |
| Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53   | Remarks:  |             |  |  |
| SIGNATURE OF APPLICANT, ATTORNEY OR AGENT   |   |             |  |  |
| Firm Name FatnerPrestia  Signature Cure Cure Cultury  Printed Name Lawrence E. Ashery   |   |             |  |  |
| Date September 29, 2005   | Registration No.  | 34,5        | 15   |  |
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| Typed or Printed Name Donna M. Wellings   |   | Date        | September 29, 2005   |  |

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PTO/SB/17 (12-04v2) (AW 1/2005)

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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Complete if Known Effective on 12/08/04. pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818). MAT-8070US Application Number FEE TRANSMITTAL December 18, 2000 Filing Date For FY 2005 Koichi HATA, et al. First Named Inventor Gregory J. Vaughn **Examiner Name** Applicant claims small entity status. See 37 CFR 1.27 2178 Art Unit **TOTAL AMOUNT OF PAYMENT** Attorney Docket No. MAT-8070US METHOD OF PAYMENT (check all that apply) ☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): Deposit Account Deposit Account Number: 18-0350 Deposit Account Name: RatnerPrestia For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION BASIC FILING, SEARCH, AND EXAMINATION FEES **EXAMINATION FEES FILING FEES** SEARCH FEES Small Entity **Small Entity** Small Entity Fees Paid (\$) Fee (\$) Application Type Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) 200 100 Utility 300 150 500 250 200 100 100 50 130 65 Design 200 100 300 150 160 80 Plant 600 300 300 150 500 250 Reissue Provisional 200 100 0 0 n n **EXCESS CLAIM FEES Small Entity** Fee (\$) **Fee Description** Fee (\$) 25 50 Each claim over 20 (including Reissues) 200 100 Each independent claim over 3 (including Reissues) 360 180 Multiple dependent claims **Total Claims** Extra Claims Multiple Dependent Claims Fee (\$) Fee Paid (\$) - 20 or HP = Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20 Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) - 3 or HP = HP = highest number of independent claims paid for, if greater than 3 **APPLICATION SIZE FEE** If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof **Total Sheets** Extra Sheets Fee (\$) Fee Paid (\$) / 50 = \_ (round up to a whole number) OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late/filling surcharge): Appeal Brief 500 Complete (if applicable) SUBMITTED BY Registration No. Attorney/Agent) 34,515 Telephone 610-407-0700 Signature Date September 29, 205 Name (Print/Type) Lawrence E. Ashery

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